Issue #4 Children's Health Care

Background

Discussion

Given the new federal initiative to provide health care coverage to low-income children, should the state redesign programs related to the delivery of health care services to low-income Texas children, including the Chronically Ill and Disabled Children's Services Program (CIDC)?

The federal Balanced Budget Act of 1997, H.R. 2015, provides federal funding to provide health care coverage to children up to age 19 with a family income up to 200% of the federal poverty level. States would determine eligibility, type of plan, (i.e., state grant program or expansion of Medicaid), and scope of coverage within federal parameters. States also would be required to match federal funds. A state interagency workgroup recently has been formed to evaluate the options available under H.R. 2015 and to make recommendations for additional coverage for Texas children to the Governor and the Texas Legislature.

As part of its mission to promote and protect the health of Texas citizens, TDH currently provides health care services to Texas children through several state-federal jointly funded and state-funded programs in addition to Medicaid. These TDH programs include:

Programs Reference	Texas Health
	& Safety Code
State-Federal Funded	
Maternal and Child Health	Chapters 32, 33, 36, 37, 43
CIDC	Chapter 35
Community Health Services	Chapter 31
Dental Health	Chapter 43
Family Planning	Chapter 32
Immunizations	Chapters 12, 81, 161
	Chapter 38, Education Code
State-Funded	•
Kidney Disease	Chapter 39
Heart Disease	Chapter 40
Epilepsy	Chapter 42

TDH is the administrative agency for the Title V Maternal and Child Services Block Grant, which directs TDH to develop a public health infrastructure to meet the health care needs of women and children, including children with special health care needs. TDH also administers CIDC that funds direct health care and other services for chronically ill and disabled children. The state-funded Chronic Disease Program (Chapters 39, 40, and 42 Texas Health and Safety Code) provides services to children with kidney disease, heart disease, and epilepsy.

These programs include population-based services (e.g., needs assessment, policy development, and client and provider education) as well as direct delivery of services. Direct services, however, are restricted by disease/condition specific criteria and are not comprehensive.

Eligibility for direct services for most programs includes children up to age 19 with family incomes up to 200% of the federal poverty level. These children potentially are eligible for coverage under the expanded federal initiative and would receive more services with fewer barriers to access to health care if the state decides to accept the federal grant and determines what program criteria are approved by the state.

Recommendation

The state should consider how the federal child health grant could increase access of Texas children to health care and how the plan should be structured to provide maximum benefits at the acceptable cost level. TDH should review how current TDH programs providing direct services to children would be affected by a federal child health grant; how many children currently receiving direct services would be affected; what services they would gain or lose based on design of the plan; what population-based services should be retained; and how TDH programs could best be coordinated with the state plan. Depending on these decisions, revision of state statutes relating to these programs would be necessary to redesign programs, to remove mandates, and to allow for coordination with the state plan.